

Postoperative Instructions after POSTERIOR REVISION TOTAL HIP ARTHROPLASTY

1. Activity instructions:
 - a. You may put full body weight on your surgical lower extremity.
 - b. Initially, you will use a walker after surgery and typically advance to use of a cane in the first 1-2 weeks after surgery.
 - c. You may gradually increase your activities and ambulation as tolerated.
 - d. You must observe posterior hip precautions with your surgical hip. Do not sit in a position that puts your hip in more than 90 degrees of flexion, do not bend over at the waist, and do not cross your legs. Ask your physical therapist to help clarify your posterior hip precautions.
 - e. Physical therapy will be arranged for you to help you work on strengthening and range of motion of your surgical hip.
2. Surgical dressing instructions:
 - a. You have a water-resistant dressing covering your surgical incision. You may shower when desired, but do not submerge in a bathtub.
 - b. The postoperative dressing may remain in place until your first follow-up appointment.
3. Prevention of deep venous thrombosis (blood clot):
 - a. The best way to avoid a blood clot is to ambulate regularly.
 - b. You will be provided with compression stockings and intermittent compression devices, and they should be worn on both legs 23-hours per day for the first 2-weeks after surgery.
 - c. If you do not usually take any other blood thinning medications, then you will start taking **aspirin** 81 mg by mouth once daily on the morning of postoperative day #1 and continue this for 4-weeks.
 - d. If you already take a blood thinning medication at baseline, then your instructions are as follows: _____

4. Prevention of infection:
 - a. You have been prescribed a 1-week supply of oral **antibiotics** (in certain cases it may be longer than a 1-week supply). Start taking this on the day of surgery, or the day that you get home from the hospital. Follow the prescribing instructions and finish the entire prescription.
5. Pain control:
 - a. The best way to control pain is to control swelling. The best way to control swelling is to **elevate** your surgical lower extremity above the level of your heart as much as possible and apply **ice** often. Ice machines are very effective and are available for purchase at the office. If you did not purchase one before surgery, you can still purchase one after surgery. Please call the office for details.

- b. Start taking **acetaminophen** on the day after surgery, or the day that you get home from the hospital. Take 1000 mg by mouth three times per day and continue this for 2-weeks. Take this medication on a scheduled basis, not as needed.
 - c. You have been prescribed a 2-week supply of **meloxicam**, which is a non-steroidal anti-inflammatory drug (NSAID). This medication helps to decrease postoperative inflammation, swelling, and pain. Start taking this on the day after surgery, or the day after you get home from the hospital. Take this medication on a scheduled basis, not as needed. Some patients have been advised by their family physician to avoid NSAIDs. In that case, the meloxicam may not have been prescribed. If you are unsure, call your family physician to ask.
 - d. You have been prescribed an **acute pain medication**, which will be one of the two medications listed below.
 - i. Most patients will receive a 2-week supply of **Journavx**. If you have been prescribed this medication, start taking it on the day of surgery, or the day that you get home from the hospital. Follow the prescribing instructions and finish the entire prescription. Take this medication on a scheduled basis, not as needed.
 - ii. Some patients may receive a 1-week supply of **opioid pain medication** instead of Journavx. Opioid pain medication is sedating and constipating. Increase your fluid intake and use over-the-counter stool softeners as needed to help with constipation. Use the opioid pain medication, as needed, for times when your pain is most severe. Wean yourself off the opioid pain medication as soon as possible.
 - e. The acetaminophen, meloxicam, and Journavx (if prescribed) are intended to be taken every day on a scheduled basis, as instructed above, for 2-weeks postoperatively. If you have been prescribed an opioid pain medication, it may be utilized on an as needed basis. Some patients find it necessary to utilize more of the opioid pain medication and some patients find it necessary to utilize less. It is safe to combine acetaminophen, meloxicam, Journavx, and opioid pain medication (if prescribed).
6. Nutrition
- a. Nutrition plays a key role in how your body recovers after surgery. Stay well hydrated and eat a balanced diet after surgery. If you are participating in the perioperative nutrition program that was offered to you in the office, you will continue this for 2-weeks postoperatively. If you chose not to start the nutritional supplement before surgery, there is still a benefit to utilizing it after surgery. Call the office if you would like to get this started.
7. Reasons to call the office:
- a. Foul odor or excessive drainage from your surgical dressing.
 - b. Increasing pain not relieved by pain medication.
 - c. New numbness or tingling.
 - d. Signs or symptoms of systemic illness (fever, chills, nausea, generalized weakness or body aches, etc.).
8. Follow-up:
- a. A 2-week follow-up appointment was made in the office on the day that you scheduled your surgery. If you do not know the date of the follow-up appointment, please call the office at your convenience for a reminder.